

Am 2666
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TRANSMITTAL FORM	Application Number	09/728,359	
	Filing Date	12/01/00	
	First Named Inventor	Helm, et al.	
	Group Art Unit	2666	
	Examiner Name	Mehra, Inder P.	
Total Number of Pages in this Submission	12	Attorney Docket Number	CM04662H

ENCLOSURES		(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> { Appeal Notice, Brief, Reply Brief}
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> RCE

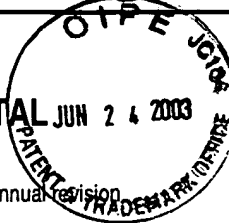
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Terri S. Hughes	Registration No.	41,856
Signature			
Date	June 20, 2003		

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date listed below:			
Typed or printed name	Sheila Mannering		
Signature		Date	June 20, 2003

FEE TRANSMITTAL

Patent fees are subject to annual revision.



Complete if Known

Application Number 09/728,359
Filing Date 12/01/00
First Named Inventor Helm, et al.
Examiner Name Mehra, Inder P.
Group Art Unit 2666
Attorney Docket No. CM04662H

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JUN 26 2003

Technology Center 2600

TOTAL AMOUNT OF PAYMENT \$410.00

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number 13-4772
Deposit Account Name Motorola, Inc.

☒ Charge Any Additional Fee required under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

SUBTOTAL (1) \$0

2. EXTRA CLAIM FEES

Total Claims - Previously Paid** 20 = X Extra Claims X Fee from below 18 = Fee Paid
Independent Claims - 3 = X 84 =

Multiple Dependent

280 =

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	* Reissue independent claims over original patent
110	18	210	9	* Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$0

**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

*For Reissues, see above

SUBMITTED BY

Name (Print/Type) Terri S. Hughes

Signature

Registration No. 41,856

Telephone

(847) 576-0741

Date

June 20, 2003

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late Provisional filing
139	130	139	130	Non-English specification
147	2520	147	2520	For filing a request for ex parte Reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1840*	113	1840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	410	216	200	Extension for reply within second month
117	920	217	460	Extension for reply within third month
118	1440	218	720	Extension for reply within fourth month
128	1960	228	980	Extension for reply within fifth month
119	320	219	160	Notice of Appeal
120	320	220	160	Filing a brief in support of an appeal
121	280	221	140	Request for oral hearing
138	1510	138	1510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1280	241	640	Petition to revive - unintentional
142	1280	242	640	Utility issue fee (or reissue)
143	460	243	230	Design issue fee
144	620	244	310	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(q)
126	180	126	180	Submission of IDS
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application

Other fee (specify)

* Reduced by Basic Filing Fee paid

SUBTOTAL (3) \$0

Complete (if applicable)